

FAQs - Cancer



What is the pre-existing condition clause?

A pre-existing condition is one for which you received medical advice or treatment during the year before your Group Cancer coverage went into effect. We will cover pre-existing conditions after your coverage has been in effect for one year. In other words, there is a one-year waiting period for coverage of a pre-existing condition, as defined above.

How do I file a claim?

At Allstate Workplace Division, we care about you and your family, and are committed to providing quick, accurate and courteous claim processing services for you. Your claims will be processed in two weeks if all claim forms are completed accurately and no additional information is needed.

The initial claim form should be dated and signed. The certificate number and insured's name must be included. You can either fax or mail your completed [claim form](#) to the following:

Fax all claims to:

1-904-992-2899

Mail all claims to:

Claims Department
Attn: Group Voluntary
Allstate Workplace Division
1776 American Heritage Life Drive
Jacksonville, FL 32224-6688

After filing a claim, how long will it take before I begin receiving benefits?

Your claim will be processed in two weeks if all claim forms are completed accurately and no additional information is needed.

What are the covered cancer screening tests?

Bone marrow testing, CA15-3 (cancer antigen 15-3 blood test for breast cancer), CA125 (cancer antigen 125 blood test for ovarian cancer), CEA (carcinoembryonic antigen blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemocult stool analysis, mammography, pap smear, PSA (prostate specific antigen blood test for prostate cancer), and serum protein electrophoresis (test for myeloma).

How do I file for the cancer screening benefit?

Just fax us proof that you had one of the covered cancer screening tests (you **do not** need to complete a claim form to file for this benefit). Proof can be a bill from your doctor, a copy of the test results or a note from your doctor telling us that you had the covered test. Remember that whatever you send must show which of the covered tests you had done. Also remember to write your Group Cancer certificate number (found on your [Certificate of Coverage](#)) on the proof that you fax us.

How do I add coverage for new family members?

If you add a family member during the plan year, you can add them to your Group Cancer coverage without showing evidence of insurability during the first 31 days they are eligible. After their initial eligibility period, they will be required to provide evidence of insurability. (Remember, everyone gets one shot at guaranteed issue under this plan.) See your HBR regarding adding dependent coverage outside of Annual Enrollment due to a life event.

What happens if I leave my job? Do I lose this insurance?

You do not lose this insurance if you leave your job. You may continue your coverage under this Group Cancer program by exercising your COBRA rights. This means you will be able to continue your coverage for 18 months by completing the COBRA form.

You may also "convert" your coverage to an individual cancer policy Allstate Workplace Division offers at that time, which will provide similar benefits, or lesser benefits at your choice. You can convert coverage by completing a [conversion form](#). You will not have to provide evidence of insurability to exercise this conversion privilege.

How can I contact Allstate Workplace Division if I have additional questions?

We listen, we care and we know that you are our most important customer. Below are toll-free telephone numbers you can use to contact us:

English Speaking Customer Care Center: 1-800-521-3535

Spanish Speaking Customer Care Center: 1-800-211-5533

Group Claims Customer Service: 1-800-535-8086